



Release for Potassium Iodide Administration In the Event of a Nuclear Emergency

I _____ of _____,
(Print name) (Print street) (Print town)

MA, in consideration of the receipt of Potassium Iodine (KI) dispensed by Town of Harwich, receipt of which is hereby acknowledged, and other good and valuable consideration, do hereby remise, release and forever discharge the Massachusetts Department of Public Health and Town of Harwich, their agents, departments, servants, employees, officers, directors, shareholders, successors, assigns and insures (also hereinafter referred to collectively as the "Fully Released Parties") of and from all debts, demands, actions, causes of action, suits, accounts, covenants, contracts and contract agreements, damages and any and all claims and liabilities whatsoever of every name and nature, both in law and in equity, which against the Fully Released Parties I ever had, now have or will have as a result of my taking the Potassium Iodide (KI) distributed by any of the Fully Released Parties.

I further agree, on behalf of myself, my heirs, administrators and assigns, to indemnify, defend and hold harmless the Fully Released Parties from any claim, or cause of action of any type, on my behalf arising out of use of Potassium Iodine (KI). I understand that all aforementioned release of liability applies to any and all KI pill recipients for which I am the signatory.

I have received a consumer package insert, which I will read and reference when personally taking KI and when administering or releasing KI to all other household receivers or parties for which I am the signatory. I am an adult, over the age of 18 years and am of sound mind. I have read this release in its entirety and I understand the contents of this Release.

Total number of 130 mg KI pills received: _____ on (Date) _____

Signature of Recipient	Print Name	Age
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Other household recipients – (Please print)

Name, Age

Name, Age

